

Hampton Recreation & Parks Department
100 Winnacunnet Road
Hampton, NH 03842
Phone: 926-3932

For Office Use Only
1. Application: _____
2. Referral: _____
Date received: _____

APPLICATION FOR HAMPTON RECREATION DEPT. SCHOLARSHIPS

These scholarships are intended to assist families with children who are experiencing financial, physical, emotional, or social hardship.

All questions must be answered if this application is to be considered. Information revealed herein will be kept strictly confidential, and will be solely used for the evaluation of your request for these funds. Please note that applicants are not guaranteed scholarship funds and scholarships granted are not guaranteed to cover total program costs. Priority will be given to families demonstrating the greatest need.

CRITERIA:

- Recommendation or referral by Town Welfare Department, School Department (guidance, teacher, coach, administration, etc.), Police Department, Juvenile or Parole Officer, etc.
- Must have an interest in sports or recreation activities.

TO CONSIDER YOUR APPLICATION COMPLETE YOU MUST PROVIDE:

1. Completed application form.
2. Verbal or written referral or recommendation.

Please complete the following:

Name of Applicant: _____ Date: _____

Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Who recommended you? _____

State prior involvement or interest in sports or recreation activities: _____

Please note specifically which program you are requesting scholarship for:

Name of Program(s): _____

Dates of Program(s): _____

Fees to be waived: _____

Has/Have your child/children received a scholarship from the Recreation Department this year?_____

If so, what benefits do you feel your child/children received from his/her involvement?_____

Does your family receive assistance from any of the following?

	Yes	No
Federal, State, Town	_____	_____
Food Stamps	_____	_____
WIC	_____	_____
School Lunch Program	_____	_____
Fuel Assistance	_____	_____

Please state below any information concerning your personal or family circumstances that will assist the Recreation Department in arriving at a decision regarding your application:

Please fill out and sign the Hampton Recreation Release Waiver and any other forms required by the program for which you wish to receive scholarship.

By signing below, I agree that I have filled out this Scholarship Application form honestly and to the best of my abilities.

Parent/Guardian signature:_____Date:_____